

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107069787**

FILING DATE

APPLICANT(S)

**CLAIMS**

	FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/				
2	1				
3	2				
4	1				
5	1				
6	/				
7	1				
8	2				
9	2				
10					
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49					
50					
TOTAL IND.	2				
TOTAL DEP.	9				
TOTAL CLAIMS	11				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS